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Effective	Complete if Known					
FEE TRANSMITTAL					0/560,069-Conf. #6553	
			Filing Date		December 9, 2005	
For FY 2009			First Named Inv		Stephen J. Kent	
			Examiner Name			
X Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1644			
TOTAL AMOUNT OF PAYMENT (\$) 1,273.00			Attomey Docket No. 007048010US			
METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify):						
x Deposit Account Deposit Account Number 50-2283 Deposit Account Name: Perkins Cole LLP						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
x Charge any additional fee(s) or underpayments of x Credit any overpayments						
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
	•		ARCH FEES	EXAMINA	ATION FEES	
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pald (\$)
Utility	330	165 540		220	110	rees raid (\$)
Design	220	110 100		140	70	
Plant	220	110 330		170	85	
Reissue	330	165 540		650	325	
Provisional	220	110 0		0	0	
2. EXCESS CLAIM FEES	220	110 0	Ü	v	U	Small Entity
Fee Description						Fee (\$) Fee (\$)
Each claim over 20 (including Reissues) 52 26						
Each independent claim over 3 (including Reissues) 220 110						
Multiple dependent claims 390 195						
Total Claims						
$\frac{35}{100} = \frac{-47 \text{ or HP}}{100} = \frac{8}{100} \times \frac{26}{100} = \frac{208}{100} \times \frac{\text{Fee (\$)}}{100} = \frac{\text{Fee (\$)}}{100} \times \frac{100}{100} \times \frac{100}{1$						
HP = highest number of total claims paid for, if greater than 20.						
<u>Indep. Claims</u>						
6 - 6 or HP = 3 × 110 = 330 HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer						
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =						
4. OTHER FEE(S) Fees Paid (\$)						
Non-English Specification. \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00						
1253 Extension for response within third month 555.00						
SUBMITTED BY						
Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ar Re	in hair	Registration No. (Attorney/Agent)	48,511	Telephone	(202) 628-6600
7 (1 7 0 7 7 0 7	/. Ricigliano	1			Date [December 10, 2009
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing						
system in accordance with § 1.6(a)(4).						
Dated: (Downetta Teagle-Tate)						